

DEPARTMENT OF ADMINISTRATION RMTD VEHICLE USE POLICY

ACKNOWLEDGEMENT FORM

I, _____ am currently employed by _____
understand and agree that my use of the any and all vehicles owned, rented and/or leased by the State,
my Department, my Division or my work unit shall be exclusively related to doing the business of the
State of Montana.

I also understand that I am not to use such vehicles for any other reason whatsoever (human life
threatening medical emergency excepted).

I agree to operate such vehicles in a safe, prudent, and lawful manner at all times and to comply with the
state's motor vehicle laws and policies.

I will wear seat belts at all times and assure that all vehicle occupants do the same when the vehicle is in
motion. I will not permit any other person to operate the vehicle, unless such use is made part of this
agreement. I will not permit unauthorized passengers to ride in the vehicle without the prior written
approval of the Risk Management and Tort Defense Division. I will not carry or consume alcoholic
beverages in a state vehicle or drive a state vehicle out of the State of Montana without prior approval of
a state agency.

I truthfully state that I have a valid, non-conditional driver's license and that my license is not currently
under suspension. I do truthfully state that I have been convicted in the past 36 months of the following
motor vehicle violations (please list):

Type of Conviction_____	Date:_____
Type of Conviction_____	Date:_____
Type of Conviction_____	Date:_____
Type of Conviction_____	Date:_____
Type of Conviction_____	Date:_____

NOTE: If you have listed one or more moving violation convictions during the past 36 months, you must
attach your explanation for each conviction or provide a copy of your driver's record along with this signed
form.

I understand that, in accordance with the state vehicle use rule ARM 2.6.201 through ARM 2.6.214, if my total conviction points for convictions after 10/12/01 exceed 5 points for a single infraction or an accumulation of 12 points within the past 36 months, I will report the infraction to supervisor. If my conviction points exceed 15, I understand that I may not be allowed to operate a state vehicle.

I understand that any material false statement or use of the vehicle not permitted by this agreement will require me to assume the full legal and financial consequences of my actions.

Important Notice to Driver: Do not sign below unless you have read and understood this document.

Driver Signature

Date

Note: Each state employee must read and understand the provisions of the State Vehicle Use Rule (ARM 2.6.201 through ARM 2.6.214). Supervisors must obtain written documentation of the same by having each employee sign a vehicle use agreement at new employee orientation and periodically thereafter. A copy of the signed agreement must be kept in each employee's personnel file. A sample vehicle use agreement is hereby provided. Agencies may develop their own forms or processes. Please contact the Risk Management & Tort Defense Division with additional questions.